

EXHIBIT 11

Total Care Physicians, P.A.
Family Medicine Office
Glasgow Medical Center
Suite 124
2600 Glasgow Avenue
Newark, DE 19702

Exp

289-50-8711

302-836-4200 (voice)
302-836-8431 (fax)

TO: Susan

FAX NUMBER: 214-577-5596

FROM: Lu

DATE: 12/10

RE:

TOTAL NUMBER OF PAGES BEING SENT, including cover page:

TOTAL CARE PHYSICIANS, P.A.

☐ Philadelphia Office ☐ Omega Office ☒ Glasgow Office

RETURN TO WORK MEDICAL CERTIFICATION

Patient Name: Paula Pagonis has been under my care from
12/18/03 to 12/22/03 and is able to return to work on

12/23/03 I certify that this patient is able to resume performing
the function of his/her position with or without reasonable accommodation. Necessary

accommodation(s) is/are as follow(s): flexible flex time hours; no driving
at night; no climbing

D. Pagonis 12/10/03
Health Care Provider Date

I am allowing my health care provider to release to my employer the reason for my absence from
work.

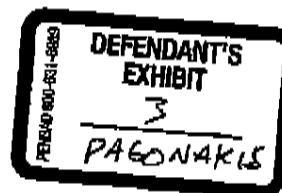
Patient's Signature

Depression / Dist. Episodes
Diagnosis

12/23/03

TO: H.R. DIRECT

ATTN: SUSAN

FROM PAULA PAGONAKIS
STORE 340

TOTAL CARE PHYSICIANS, P.A.

[] Philadelphia Pike Office [] Omaha Office [X] Glasgow Office

RETURN TO WORK MEDICAL CERTIFICATION

Patient Name: Paula Pagonakis has been under my care from12-8-03 to 12-22-03 and is able to return to work on12-23-03. I certify that this patient is able to resume performing

the function of his/her position with or without reasonable accommodation. Necessary

accommodation(s) is/are as follow(s): Needs previous accommodationsPaula Pagonakis

Health Care Provider

12-18-03

TOTAL CARE PHYSICIANS, P.A.

14500 GLASGOW AVE

SUITE 124

NEWARK, DE 19702

I am allowing my health care provider to re-see to my employer the reason for my absence from work.

Patient's Signature

Diagnosis

December 23, 2003

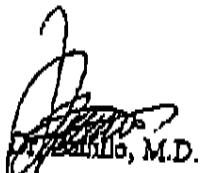
To Whom It May Concern:

Paula Pagonakis is under my care. Due to her traumatic brain injury in 1995 she needs the following accommodations with her job:

1. Daylight work hours
2. Well lit work area
3. No climbing
4. No wet work place
5. Periodic break as provided by law
6. Intermitten days off every 3-4 days

Please call our office if you have any additional questions.

Sincerely,


Dr. Pagonakis, M.D.
R/vet



Professional Bldg. - Suite 101, 1320 Philadelphia Pike, Wilmington, DE 19809
Omega Professional Center, Bldg. B-Suite 88, Omega Drive, Newark, DE 19713
Glasgow Medical Center, Suite 126, 2810 Glasgow Avenue, Newark, DE 19702

302-738-0666
302-738-3500
302-836-4200

EXPRESS-PAG000010

March 24, 2004

Ana Klancic
Express - Springfield Mall
Space 7,8,9
1250 Baltimore Pike
Springfield, PA 13064

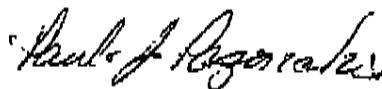
CC: Kristyn Bosley
Susan - HR Direct

Dear Ana,

I am sending a hard copy as a follow-up to the resignation letter Faxed to you last Thursday so I can feel more assured you have received it.

I have had no response to any form of communication from either you or Kristyn since the start of my medical leave February 3, 2004. I have communicated to you through e-mail, phone messages, voicemail and FAX during this time period with no response from you or Kristyn.

Sincerely,



Paula J. Pagonakis

Enc: copy of Faxed letter of resignat on March 18, 2004.

